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| **避難者カード**  **太枠内を記入**し、提出してください。（それ以外の枠は、必要に応じて記入することもできます。） | | | | | | | | | | 避難所名 | | | |  | | | | | | | | 受付番号 | | | | |  | | | | | |
| **入所年月日** | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | |
| 退所年月日 | | | |  | | | | | | | | | | | | | | | | | | |
| 退所先 | | | | □自宅　□その他(住所　　　　　　　　　　　　連絡先　　　　　　) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **住民票の住所** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **連絡先**  (携帯または自宅) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | **安否確認** | | | | **性別** | | **年齢** | | 個別支援・配慮が必要な事項 | | | | | | | | | | | | | | | | | 資格等  所持者  ①医師  ②看護師  ③建築士 |
| 負　傷 | | 妊産婦 | 要介護 | | 障がい | | | | | | | | | | アレルギー | 服薬 |
| 身体 | | | | 精神 | 知的 | | | | 発達 |
| **世帯主** |  | | | | | | **□大丈夫**  **□不明** | | | | **□男**  **□女** | | **歳** | | □ | | □ | □ | | □肢体　□内部  □視覚　□聴覚 | | | | □ | □ | | | | □ | □ | □ |  |
| **ご家族** |  | | | | | | **□大丈夫**  **□不明** | | | | **□男**  **□女** | | **歳** | | □ | | □ | □ | | □肢体　□内部  □視覚　□聴覚 | | | | □ | □ | | | | □ | □ | □ |  |
|  | | | | | | **□大丈夫**  **□不明** | | | | **□男**  **□女** | | **歳** | | □ | | □ | □ | | □肢体　□内部  □視覚　□聴覚 | | | | □ | □ | | | | □ | □ | □ |  |
|  | | | | | | **□大丈夫**  **□不明** | | | | **□男**  **□女** | | **歳** | | □ | | □ | □ | | □肢体　□内部  □視覚　□聴覚 | | | | □ | □ | | | | □ | □ | □ |  |
|  | | | | | | **□大丈夫**  **□不明** | | | | **□男**  **□女** | | **歳** | | □ | | □ | □ | | □肢体　□内部  □視覚　□聴覚 | | | | □ | □ | | | | □ | □ | □ |  |
|  | | | | | | **□大丈夫**  **□不明** | | | | **□男**  **□女** | | **歳** | | □ | | □ | □ | | □肢体　□内部  □視覚　□聴覚 | | | | □ | □ | | | | □ | □ | □ |  |
|  | | | | | | **□大丈夫**  **□不明** | | | | **□男**  **□女** | | **歳** | | □ | | □ | □ | | □肢体　□内部  □視覚　□聴覚 | | | | □ | □ | | | | □ | □ | □ |  |
| **安否情報の公表** | | | | | **安否の問い合わせがあった場合、氏名、住所を回答(公表)してもよいですか。** | | | | | | | | | | | | | | | | | | | | | | | **□可**(よい)**□不可** | | | | |
| **特記事項** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ご自宅の状況 | | | | □居住可 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □居住不可 | | | | 被害状況 | | | | | | | □全壊　　□半壊　　□一部損壊　　□床上浸水　　□床下浸水 | | | | | | | | | | | | | | | | | |
| ライフライン状況 | | | | | | | □断水　　□停電　　□ガス停止　　□その他(　　　　　　　) | | | | | | | | | | | | | | | | | |
| ご家族の  避難情報 | | | 避難先 | | | 避難情報 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □避難所 | | | 避難者名 | | | | | □家族全員　□家族の一部(　　　　　　　　　　　　　　　　　　　　　　　) | | | | | | | | | | | | | | | | | | | | | |
| □自宅 | | | 避難者名 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| □車中 | | | 避難者名 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 車体情報 | | | | | 車種：　　　　ナンバー：　　　　　色：　　　　　駐車場所： | | | | | | | | | | | | | | | | | | | | | |
| □屋外テント | | | 避難者名 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| ペット同伴避難　□有 | | 種類 | | | | | | | ゲージの  有無 | | | 名前 | | | | オス/メス | | | | | 毛色/体格 | | | | | 特記事項(犬の場合:登録番号等) | | | | | | |
| 色 | | 体格 | | |
| □犬　□猫　□他(　) | | | | | | | □有 □無 | | |  | | | | □オス | | | □メス | |  | |  | | |  | | | | | | |
| □犬　□猫　□他(　) | | | | | | | □有 □無 | | |  | | | | □オス | | | □メス | |  | |  | | |  | | | | | | |
| □犬　□猫　□他(　) | | | | | | | □有 □無 | | |  | | | | □オス | | | □メス | |  | |  | | |  | | | | | | |

※避難所の被災状況などにより、必ずしも、ペット同伴避難ができるとは限りません。